MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11313 CERTIFICATE OF DEATH

11272

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 52

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Hagerstown
LENGTH OF STAY (in this place) 17 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Homewood Church Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown X
STREET ADDRESS (If rural give location) Homewood Church Home 1

3. NAME OF DECEASED: (Type or Print) (First) ELEANOR (Middle) D. (Last) ABBOTT

4. DATE OF DEATH: (Month) (Day) (Year) November 9, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 7, 1870

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months 7 Days 2 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Abbott

14. MOTHER'S MAIDEN NAME: Julia M. Hanshew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Rev. Mark G. Wagner Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Senile arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1955, to 11-9, 1955, that I last saw the deceased alive on 11-8-, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS — DATE SIGNED 11-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/12/55 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) (State) Frederick Maryland

DATE REC'D BY LOCAL REGISTRAR NOV 11 1955 | REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11273

11260 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) Marbern Road 1

3. NAME OF DECEASED: (First) Harry (Middle) Robert (Last) Baker
4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Feb. 18, 1884
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10B. KIND OF BUSINESS OR INDUSTRY: W. Md. R. R.
11. BIRTHPLACE (State or foreign country): Emmittsburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Baker
14. MOTHER'S MAIDEN NAME: Fannie Eyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
15. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Mary Schlotterbeck Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2½ hr.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive vascular disease — 15 yr
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Nov. 4, 1955, that I last saw the deceased alive on Sept 10, 1955, and that death occurred at 7 45 P.M., from the causes and on the date stated above.

SIGNATURE Edward W. Pitts III M. D. ADDRESS 217 W. Washington St. DATE SIGNED 11/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 11-8-55
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 7, 1955
REGISTRAR'S SIGNATURE Ethel H. Bowers
24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11274

11261 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
LENGTH OF STAY (in this place) ½ DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASHINGTON COUNTY HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
STREET ADDRESS (If rural give location) 208 WINTER ST. 1

3. NAME OF DECEASED: (Type or Print) (First) ERASMUS (Middle) FUNK (Last) BLOYER

4. DATE OF DEATH: (Month) II (Day) 23 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 22, 1878

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant

10B. KIND OF BUSINESS OR INDUSTRY: GROCERY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB BLOYER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-24-8035

17. INFORMANT & ADDRESS: MRS. LEAH BLOYER 208 WINTER ST. HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE X — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. VIRUS PNEUMONITIS — 4 WEEKS

19A. DATE OF OPERATION: 0 NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 28, 19 55, to Nov 23, 19 55, that I last saw the deceased alive on NOV 23 19 55, and that death occurred at 5-12 PM, from the causes and on the date stated above.

SIGNATURE Charles Robert Cohen M. D. ADDRESS CLEAR SPRING, MD. DATE SIGNED NOV. 25, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF II/26/55 — NAME OF CEMETERY OR CREMATORY REST HAVEN — LOCATION (City, town, or county) HAGERSTOWN (State) MD.

DATE REC'D BY LOCAL REGISTRAR NOV. 26 1955 — REGISTRAR'S SIGNATURE Chas. H. Boeversd

24. FUNERAL DIRECTOR FRED W. KRAISS ADDRESS HAGERSTOWN, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11275

11262 CERTIFICATE OF DEATH

Dr Wells

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) --
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 452 W. Antietam St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 1 42 Alexander St.

3. NAME OF DECEASED: (Type or Print) (First) LLOYD (Middle) ELLSWORTH (Last) BOWARD

4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Feby 22 1885

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Penna Frt Handler Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Boward

14. MOTHER'S MAIDEN NAME: Emma Boward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-07-9358

17. INFORMANT & ADDRESS: James Franklin Boward

18. MEDICAL CERTIFICATION 42 Alexander St.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) DUE TO Coronary occlusion — 2 minutes

ANTECEDENT CAUSE (S) (B) DUE TO Arteriosclerotic Heart Disease — 1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1955, to Nov 4, 1955, that I last saw the deceased alive on Sept 14, 1955, and that death occurred at 2.30 P.M., from the causes and on the date stated above.

SIGNATURE Phillip J. Nelson M.D. ADDRESS Hagerstown Md DATE SIGNED 11/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/7/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 6, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11276

Item No. 3 Film G68 11-10-55 et

11263

CERTIFICATE OF DEATH

Reg. Dist. No. 3W

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Garlock Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 20 W. Franklin St. 1

3. NAME OF DECEASED: (First) Renzo (Middle) Dee (Last) Bowers

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Nov. 9, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): lawyer

10B. KIND OF BUSINESS OR INDUSTRY: private practice

11. BIRTHPLACE (State or foreign country): Clarksdale, Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rodophus Bowers

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT & ADDRESS: Mrs. Lolla J. Bowers, Hag., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

DUE TO

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arterio sclerotic Cardiovascular disease — 5 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1955, to Nov. 6, 1955, that I last saw the deceased alive on Nov. 1, 1955, and that death occurred at 4:15 A.M, from the causes and on the date stated above.

SIGNATURE Forge Jennings — ADDRESS M. D. Hagerstown, Md. — DATE SIGNED Nov. 6, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 11-8-55 — NAME OF CEMETERY OR CREMATORY Indianapolis — LOCATION (City, town, or county) (State) Indianapolis, Ind.

DATE REC'D BY LOCAL REGISTRAR Nov. 6, 1955 — REGISTRAR'S SIGNATURE Chas. D. Barnes

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11277

11314

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Highfield
LENGTH OF STAY (in this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Highfield X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (First) W. (Middle) Johnson (Last) Bowman
4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	2/28/1867	88 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Farmer	Wolfsville Md.	U.S.A.

13. FATHER'S NAME: John Bowman
14. MOTHER'S MAIDEN NAME: Savilla Himes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			G. Thomas Coyle, Highfield Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4221 IMMEDIATE CAUSE	(A) Chronic Myocarditis Gr IV	5-10 yr.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Generalized Arteriosclerosis	
	DUE TO (C) Gangrene, left leg.	4-6 wks.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1953 to 3 Nov, 1955, that I last saw the deceased alive on 27 Oct, 1955, and that death occurred at 1:25 P M, from the causes and on the date stated above.

SIGNATURE Harry Hyong Jr M.D. ADDRESS Blue Ridge Summit Pa DATE SIGNED 6 Nov. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/6/55	Bethel	Bethel, Washington Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov 4	Geo. W. Ferguson	Walter Y. Grove, Waynesboro Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11278

11264 CERTIFICATE OF DEATH Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 301 North Mulberry Street 1

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Charles (Last) Brunngraber

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 2, 1888

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months 6 Days 26 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Brewer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Newark, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Brunngraber

14. MOTHER'S MAIDEN NAME: Fredrika Pfeiffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 139-10-7388A

17. INFORMANT & ADDRESS: Mrs. Anna Brunngraber, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE — (A) Repeated Nasal Hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis

DUE TO (C) Terminal Aspiration Pneumonia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cirrhosis of the Liver (?)

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1955, to Nov. 28 1955, that I last saw the deceased alive on Nov. 28, 1955, and that death occurred at 8:15 P M, from the causes and on the date stated above.

SIGNATURE Sidney Novenstern M. D. ADDRESS Hagerstown Md DATE SIGNED 11-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-1-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1955

REGISTRAR'S SIGNATURE Chas. H. Boevers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11279

11265 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 626 Salem Ave/. 1

3. NAME OF DECEASED: (First) Blanche (Middle) B (Last) Burks
4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: July 3, 1925
9. AGE last birthday 30 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Address. opr.
10B. KIND OF BUSINESS OR INDUSTRY Way of Truth Pub. Co
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Steve Burks
14. MOTHER'S MAIDEN NAME: Rosie Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: Earl E. Marquiss Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1704 IMMEDIATE CAUSE (A) Starvation - malnutrition — INTERVAL BETWEEN ONSET AND DEATH: weeks.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of breast — 2-3 yrs+
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1954, to death 19..., that I last saw the deceased alive on 11-21, 1955, and that death occurred at 10:47 AM, from the causes and on the date stated above.
SIGNATURE Robert F. Leadle M. D. ADDRESS Hagerstown DATE SIGNED 11-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-23-55
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR NOV. 23 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11280 Dr Wells

11266

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown

LENGTH OF STAY (in this place) 3 Weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washingtom

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03 1

STREET ADDRESS (If rural give location) 318 North Prosbect

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Isaiah (Last) Byrd

4. DATE OF DEATH (Month) November (Day) 19 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	May 14.1891	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Repairman	W.M.R.R.	Trego. Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Byrd	Della Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No 2	NO	705-10-4739	Mrs. Mamie O.Byrd Wife.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE	(A)	Hypertensive arterio sclerotic myocardial heart disease	6 yrs.
ANTECEDENT CAUSE(S)	DUE TO (B)		
DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X	DUE TO (C)	Diabetes M	3 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — M.		None

22. I hereby certify that I attended the deceased from Aug. 19 54, to Nov. 19, 1955, that I last saw the deceased alive on Nov. 19, 1955, and that death occurred at 3:40 P.M, from the causes and on the date stated above.

SIGNATURE S. Robert Duelly, M.D. M.D. **ADDRESS** (Street, city, town, state) 115 N. Potomac St- Hagerstown, Md. **DATE SIGNED** 11-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 22/55	Locust Grove Cemetery	Locust Grove, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Nov. 23 1955	Chas. H. Bowers	Andrew K. Coffman Hagerstown. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11315 CERTIFICATE OF DEATH

11281

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Hagerstown
LENGTH OF STAY (in this place) 4 yrs. 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 R. F. D. # 6

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Rural X
STREET ADDRESS (If rural give location) R. F. D. # 6

3. NAME OF DECEASED: (First) MARY (Middle) ELIZABETH (Last) CARNES

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 26, 1866

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months 5 Days 7 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cearfoss, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kendle

14. MOTHER'S MAIDEN NAME: Amelia Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Dr. E. W. Ditto Jr. Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE (A) Senile arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Senility

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1953, to 11-3, 1955, that I last saw the deceased alive on 11-3, 1955, and that death occurred at 0130 M, from the causes and on the date stated above.

SIGNATURE W. E. W. Ditto M.D. ADDRESS Hagerstown DATE SIGNED 11/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/5/55 — NAME OF CEMETERY OR CREMATORY Salem Reformed Church Cem. — LOCATION (City, town, or county) Washington County Md. (State)

DATE REC'D BY LOCAL REGISTRAR NOV 5 1955 — REGISTRAR'S SIGNATURE Chas. H. Boerner

24. FUNERAL DIRECTOR C. M. Suter & Sons — ADDRESS Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11267

CERTIFICATE OF DEATH

11282

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 23 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Duo-Trailer Court-Hagerstown
STREET ADDRESS (If rural, give location) East Washington St. Ext.

3. NAME OF DECEASED (Type or Print): (First) ALVA (Middle) SYLVESTER (Last) CAVE

4. DATE OF DEATH: (Month) Nov. (Day) 23, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept. 12, 1906

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fairchild

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Luray, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Cave

14. MOTHER'S MAIDEN NAME: Margaret Seal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1925-1932

16. SOCIAL SECURITY NO.: 234-01-7789

17. INFORMANT AND ADDRESS: Alva Sylvester Cave, Jr. Pittsburgh, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) MYOCARDIAL INFARCTION

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) OCCLUSION, LEFT CORONARY ARTERY
(c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30, 19 55, to 11-23, 19 55, that I last saw the deceased alive on 11-23, 19 55, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
W. W. Dutt, M.D. — Hagerstown — 11/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 26, 1955 — NAME OF CEMETERY OR CREMATORY: Rosedale Cemetery — LOCATION (City, town, or county) (State): Martinsburg, W. Va.

DATE REC'D BY LOCAL REG. Nov. 25, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Hoover — 24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman-Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11283

11268

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 658 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 658 Virginia Ave.

3. NAME OF DECEASED: (First) Rebecca Anna (Middle) (Last) Connor

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Aug 28, 1899

9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator

10B. KIND OF BUSINESS OR INDUSTRY: Telephone

11. BIRTHPLACE (State or foreign country): Shippensburg Penn

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William A. Smith

14. MOTHER'S MAIDEN NAME: Mary A. Sugars

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Thomas R. Connor Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9
IMMEDIATE CAUSE (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 6 mos

ANTECEDENT CAUSE (S) DUE TO (B) Visceral Carcinoma — 18 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1936, 19..., to 11/24/55, 19..., that I last saw the deceased alive on 11.24.55, 19..., and that death occurred at 5:00 P M, from the causes and on the date stated above.

SIGNATURE Earl Young M.D. M. D. ADDRESS Hagerstown Md. DATE SIGNED 11/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-26-55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 26 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

11269

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 11284

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown 03
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1031 Potomac Ave. 08

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural, give location) 1031 Potomac Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) Anthony (Last) Corderman

4. DATE OF DEATH (Month) Nov (Day) 24 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 3, 1879

9. AGE last birthday: 76 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Near Broadfording Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin L. Corderman

14. MOTHER'S MAIDEN NAME: Margaret E. Hauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: John E. Corderman Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Hypertensive Cardio Vascular Disease — Interval Between Onset and Death: 6 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Dr E.W. Dotterer M. D. Hagerstown Md.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 11/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-27-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Nov. 26 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

11270 11285

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 302

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shack near the City Dump

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural, give location) 530 E. Franklin St. 1

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Earl (Last) Croft

4. DATE OF DEATH (Month) Nov. (Day) 19 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	Nov. 21, 1910	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
laborer	metal supplier	Shenandoah, Va.	

13. FATHER'S NAME: Andrew J. Croft

14. MOTHER'S MAIDEN NAME: Gabriella Dodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	719-07-6247	Mrs. Clemmie Voleneck, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 9168

Immediate cause (a) Burns - charring of entire body — Interval between onset and death: 5 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
None	-	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Shack	21c. (City or town) Hagerstown,	(County) Washington,	(State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
Nov. 19'55 2A.M.		Burned to death when shack in which he was sleeping caught on fire

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells, M.D.
M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-21-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	11-22-55	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 21, 1955	Chas. H. Bowers	Scott F. Minnich & Son,	Hagerstown, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11286

11271

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
LENGTH OF STAY (in this place) 20 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN X
STREET ADDRESS (If rural give location) KNOXVILLE MD. R.1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HENRY (Last) DAYHOFF

4. DATE OF DEATH: (Month) NOVEMBER (Day) 16 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 7. 1874
9. AGE last birthday 81-2-9 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10B. KIND OF BUSINESS OR INDUSTRY: SELF OWNED STORE
11. BIRTHPLACE (State or foreign country): BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. DAYHOFF
14. MOTHER'S MAIDEN NAME: EMILY ALEXANDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: MRS. ELSIE M. BAKER 1911 LEXINGTON AVE. HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: indef. 10 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis generalized — indef.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fibrosis, pulmonary

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30 1955 to 11-15 1955 that I last saw the deceased alive on 11-15, 1955, and that death occurred at 8P M, from the causes, and on the date stated above.

SIGNATURE Robert F. Keedle M.D. ADDRESS Hagerstown DATE SIGNED 11-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF NOV. 19. 1955
NAME OF CEMETERY OR CREMATORY KNOXVILLE CEMETERY
LOCATION (City, town, or county) (State) KNOXVILLE FRED. Co. MD.

DATE REC'D BY LOCAL REGISTRAR NOV. 18. 1955
REGISTRAR'S SIGNATURE C. Trust Bowers
24. FUNERAL DIRECTOR Wm. F. BAST AND SONS
ADDRESS BOONSBORO MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

DR. KEAPLE 318 E. Potomac

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11316 **CERTIFICATE OF DEATH**

Reg. Dist. No. 11287 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X CAVETOWN PIKE-RURAL
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 HAGERSTOWN MD. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND. COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAVETOWN PIKE - RURAL X
STREET ADDRESS (If rural give location) 1 HAGERSTOWN MD. R.1.

3. NAME OF DECEASED: (Type or Print) (First) AMY (Middle) KATE (Last) DIBERT

4. DATE OF DEATH: (Month) NOVEMBER (Day) 3 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: JANUARY-24-1868

9. AGE last birthday: 87-9-9 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MAUGANSVILLE WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY C. CLOPPER

14. MOTHER'S MAIDEN NAME: MARGARET PETRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. RENO C. RICE HAGERSTOWN MD. R.1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Hypertensive — 15 yrs.

DUE TO Vascular Disease (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1955, to Nov. 1955 that I last saw the deceased alive on Nov. 2 1955., and that death occurred at 10-20 AM, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS 148 W. Washington St. Hagerstown, Md. DATE SIGNED Nov. 5, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov. 5. 1955

NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY

LOCATION (City, town, or county) (State) HAGERSTOWN WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR Nov. 5 1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Wm. F. BAST AND SONS BOONSBORO MD.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11288

11272 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown

LENGTH OF STAY (in this place) 6 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leitersburg Hag.#5

STREET ADDRESS (If rural give location) Ruial

3. NAME OF DECEASED (Type or Print) (First) Kirby (Middle) Elmer (Last) Dofflemyer

4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 19, 1892	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self Employed	Grove Hill Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Dofflemyer	Betty Strickler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	———	None	Mrs Clara Dofflemyer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1 81X IMMEDIATE CAUSE (A) Bronchopneumonia — 10days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized metastasis 1 year

DUE TO (C) Carcinoma Bladder 2 years (Urinary)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0 none	none	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10- 19 53, to 11-18- 19 55, that I last saw the deceased alive on 11-18-55 19, and that death occurred at 12:50 AM, from the causes and on the date stated above.

SIGNATURE J. G. Warden — ADDRESS (Street, city, town, state) 832 Potomac Ave., Hagerstown, Md. — DATE SIGNED

J. G. Warden, M. D. M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/20/55	Goods Cemetery	Rileyville Page Co Va.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Nov. 21. 1955	Chas. H. Bowers	Andrew K. Coffman Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11289

11273 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Dr. Jack Beachley 221 W. Wash. St. Hagerstown

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 HAGERSTOWN
LENGTH OF STAY (in this place) 50 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 141 - RAY ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
STREET ADDRESS (If rural give location) 141 - RAY ST.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) E (Last) FISH

4. DATE OF DEATH: (Month) NOVEMBER (Day) 27 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: MAY - 10 - 1876
9. AGE last birthday: 79 - 6 - 17 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. Co. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NATHANIEL CROSS
14. MOTHER'S MAIDEN NAME: MANZELLA REEDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If NO.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: MRS. ADA KNODLE - 130 RAY ST. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) DUE TO Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis — 15 yrs

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19.. , to Nov 27/55, 19.. , that I last saw the deceased alive on ..... 19.. , and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED Nov 29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF DEC. 1 1955
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR DEC. 1. 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Wm. F. Bast and Sons Boonsboro Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11290

11317 CERTIFICATE OF DEATH

Reg. Dist. No. 301

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport
LENGTH OF STAY (in this place) 64 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 South Vermont St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport
STREET ADDRESS (If rural give location) 27 South Vermont Street

3. NAME OF DECEASED: (First) Howard (Middle) Russell (Last) Forsythe

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 3 1891
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 7 Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Fairchilds Factory
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David M. Forsythe
14. MOTHER'S MAIDEN NAME: Ella Sweitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 220-09-9223
17. INFORMANT & ADDRESS: 27 S. V Mrs. Eola Forsythe

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial Infarction due to Arteriosclerotic Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO — INTERVAL: 31 yrs
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10/53, 19..., to 11/9/55, 19..., that I last saw the deceased alive on 11/9, 19..., and that death occurred at ... M, from the causes and on the date stated above.

SIGNATURE H. Earl Young M.D. ADDRESS Hagerstown Md DATE SIGNED 11/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Nov. 12-55
NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
LOCATION (City, town, or county) (State): Western Pike Md.

DATE REC'D BY LOCAL REGISTRAR: Nov-11-55
REGISTRAR'S SIGNATURE: E Lee McElroy

24. FUNERAL DIRECTOR: Edith V. Leaf
ADDRESS: Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11291

11318

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Wilson District
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Gateway Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chambersburg 75 x 3
STREET ADDRESS (If rural give location) 535 Nelson Street ✓

3. NAME OF DECEASED: (First) Mary (Middle) V. (Last) Frantz
4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: June 13, 1867
9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months 5 Days 10 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thaddeus Mundey
14. MOTHER'S MAIDEN NAME: Roseanna Blumenauer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: Mrs. H. S. Harner, Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
IMMEDIATE CAUSE (A) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arterial & Myocardial Sclerosis — 10 yrs.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1955 to Nov 23, 1955, that I last saw the deceased alive on Nov. 23, 1955, and that death occurred at 10 P. M, from the causes and on the date stated above.
SIGNATURE David P. Brewer M. D. ADDRESS Clear Spring Md DATE SIGNED 11/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-26-1955
NAME OF CEMETERY OR CREMATORY Green Hill Cemetery
LOCATION (City, town, or county) (State) Waynesboro, Pa.

DATE REC'D BY LOCAL REGISTRAR 11-25-55
REGISTRAR'S SIGNATURE Leroy M Fowler
24. FUNERAL DIRECTOR SELLERS FUNERAL HOME ADDRESS CHAMBERSBURG PENNA.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

De Fusby

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11274 CERTIFICATE OF DEATH

Reg. Dist. No. 11292 382

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 5½ Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waynesboro 75 X 3
STREET ADDRESS (If rural give location) 44 Philadelphia Ave. ✓

3. NAME OF DECEASED: (First) Anna (Middle) Barbara (Last) Fuss
4. DATE OF DEATH: (Month) Nov. (Day) 6, (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 23, 1870
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Waynesboro Pa., #3
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Beaver
14. MOTHER'S MAIDEN NAME: Maria Eberly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
15. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Guy G. Fuss, Waynesboro Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Arterio-Sclerotic Heart Disease with myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 10 yrs +

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Apr, 1955, to 6 Nov, 1955, that I last saw the deceased alive on 5 Nov, 1955, and that death occurred at 5 P M, from the causes and on the date stated above.
SIGNATURE F G Fusby
ADDRESS M. D. 230 W Potomac
DATE SIGNED 7 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/9/55
NAME OF CEMETERY OR CREMATORY Green Hill
LOCATION (City, town, or county) (State) Waynesboro, Franklin Pa.

DATE REC'D BY LOCAL REGISTRAR NOV. 7. 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Walter Y. Howe, Waynesboro Pa.
ADDRESS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11293

11275

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown

LENGTH OF STAY (In this place) 19 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 504 Jefferson St.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

STREET ADDRESS (If rural give location) 504 Jefferson St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Susan (Last) Grimm

4. DATE OF DEATH (Month) November (Day) 1 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Married	Oct. 18, 1890	65 yrs.	0	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hotel Maid	Hotel	Samples Manor, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sylvester Cabot Hanes	Bell O. Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	214-09-0422	Wm. Cephus Grimm 504 Jefferson St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X IMMEDIATE CAUSE (A) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Rheumatic Heart disease — 15-20yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan, 19 52, to Nov 1, 19 55, that I last saw the deceased alive on Nov 1, 19 55, and that death occurred at 9:30 A.M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Robert W Campbell M.D.	145 W Washington St Hagerstown	11/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/4/55	Samples Manor, Md.	Samples Manor, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Nov. 6. 1955	Blanche H. Bowers	A. Donald Zeckler	Harpers Ferry West Va.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

11276

11294

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 03 Hagerstown

LENGTH OF STAY (in this place): 2 Hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown R # 6

STREET ADDRESS (If rural give location): Reid

3. NAME OF DECEASED (Type or Print): (First) JAY (Middle) ROBERT (Last) GUY

4. DATE OF DEATH: (Month) November (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	Nov 24 1955	yrs.		2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Infant	Hagerstown Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas D. Guy	Phyllis Knodle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Thomas D. Guy

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

769.5 IMMEDIATE CAUSE (A) Prematurity — 2 hours

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) "Toxemia of Pregnancy in Mother"

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/24/55, 19 55, to 11/24, 19 55, that I last saw the deceased alive on 11/24, 19 55, and that death occurred at 12:15 P M, from the causes and on the date stated above.

SIGNATURE M.D. J. Coffman Blair — **ADDRESS** (Street, city, town, state) 214 N. Potomac St Hagerstown Md — **DATE SIGNED** 11/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/25/55	Rose Hill Cemetery	Hagerstown Wash. Co Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Nov. 25 1955	Chas. H. Bowers	Andrew K. Coffman Hagerstown Md.

20X531127

Item 18 Film G189 11-28-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH

11277 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11295

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown; LENGTH OF STAY (In this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Maryland Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Maryland Hotel

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) DAVIS (Last) HARTMAN

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: Jan. 18, 1915

9. AGE last birthday: 40 yrs. | If under 1 year: Months 9 | Days 16 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Dept. Worker

10b. KIND OF BUSINESS OR INDUSTRY: City of Hagerstown

11. BIRTHPLACE (State or foreign country): Keyser, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hubert S. Hartman Sr.

14. MOTHER'S MAIDEN NAME: Lilian Whiteman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.2

16. SOCIAL SECURITY NO. 235-18-9465

17. INFORMANT AND ADDRESS: Mrs. David Parsons Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

322.2

Immediate cause (a) acute coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerotic coronary heart disease

(c) Alcoholic Narcosis (spinal fluid showed .56& ethyl alcohol)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St- Hagerstown, Md. DATE SIGNED Nov. 7-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/7/55 | NAME OF CEMETERY OR CREMATORY Queens Point Cemetery | LOCATION (City, town, or county) (State) Keyser, Mineral West Virginia

DATE REC'D BY LOCAL REG. Nov. 7, 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11296

11278 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN 03 Hagerstown, Md.
LENGTH OF STAY (in this place) 30yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland 09 1
STREET ADDRESS (If rural give location) 667 Forrest Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	Catherine	Mellems	11	3	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Widowed	Mar 21 1895	60 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Charweman	Victor Product Corp.	Knoxville Md.	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Johnson	Jane Streams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
9	218-24-9735	Mrs Anna Jones 336 Bloom Court, City.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause 443X	(a) Hypertensive C-V disease	Several yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hemorrhagic apoplexy, Hemiplegia Dextra	
	DUE TO (c) Arteriosclerosis	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign nephrosclerosis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 8, 1955, to Nov. 3, 1955, that I last saw the deceased alive on 11/3/55, 19..., and that death occurred at 11:25, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Sidney Rosenstein M D	Hagerstown Md	11-4-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-7-1955	Rose Hill Cemetery	Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV. 7, 1955	Chas H Bowers	John P Watson Jr.	Hagerstown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11279 11297

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 1332 Salem Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 1332 Salem Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) Della (Middle) Goff (Last) Hoffman

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: March 22, 1881

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months 6 Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tunnelton, Preston Co. W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Goff

14. MOTHER'S MAIDEN NAME: Amelia McGee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs. Frank Miller, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac failure due to Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 4 yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO arteriosclerosis — 4 yrs.

(C) Stroke — 4 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1955, to 11/28, 1955, that I last saw the deceased alive on 11/27, 1955, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE Louis B. Grall M. D. ADDRESS 119 E. Antietam DATE SIGNED 11/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/29/1955 — NAME OF CEMETERY OR CREMATORY Kingwood Cemetery — LOCATION (City, town, or county) Kingwood, West Virginia (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 28, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers — 24. FUNERAL DIRECTOR C. M. Suter & Sons — ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

11280 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11298

Reg. Dist. No. 302

Item 1, FilmG189 11-29-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cooperation is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 03
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home- 120 E. Franklin Street ~~WASHINGTON COUNTY HOSPITAL~~

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 03
STREET ADDRESS (If rural, give location): 120 EAST FRANKLIN ST.

3. NAME OF DECEASED (Type or Print): (First) GUY (Middle) ERNEST (Last) HOLMES

4. DATE OF DEATH: (Month) NOVEMBER (Day) 15 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: SEPT. 23-1903

9. AGE last birthday: 52-1-22 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GARAGE OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): CHESTNUT GROVE WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: NELSON HOLMES

14. MOTHER'S MAIDEN NAME: SUSAN SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES W.W. II

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: LESTER HOLMES KEEDYSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592.X **Immediate cause** (a) acute coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Vascular hypertension

(c) chr. glomerular nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. **ADDRESS** Hagerstown, Md. **DATE SIGNED** Nov. 16 '55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: NOV. 18-1955 — NAME OF CEMETERY OR CREMATORY: SAMPLES MANOR CEMETERY — LOCATION (City, town, or county) (State): SAMPLES MANOR WASH. Co. MD

DATE REC'D BY LOCAL REG.: NOV. 17. 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: WM. F. BAST AND SONS BOONSBORO MD.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11281

11299

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown

LENGTH OF STAY (In this place) 34 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 51 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

STREET ADDRESS (If rural give location) 51 Broadway 1

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) HUTZELL (Last) HOUSER

4. DATE OF DEATH (Month) Nov (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
Female	White	Widow	Jany 26 1871	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maugansville Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin L. Stine	Elizabeth Downin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	———	None	J. Maurice Hutzell

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1955, to Nov. 29, 1955, that I last saw the deceased alive on Nov. 23, 1955 and that death occurred at 4:15 P.M. from the causes and on the date stated above.

SIGNATURE K. A. Bell M.D. — **ADDRESS** (Street, city, town, state) Hagerstown, Maryland — **DATE SIGNED** Dec. 1, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/2/55	Rose Hill Cemetery	Hagerstown Wash. Co. Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Dec. 2, 1955	Chas. H. Bowers	Andrew K. Coffman Hagerstown Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11300

11282 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN

LENGTH OF STAY (in this place) 6 MO.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 GARLOCK MEM. CONV. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE PENNSYLVANIA COUNTY FRANKLIN

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GREENCASTLE

75 x 3

STREET ADDRESS (If rural give location) CENTER SQUARE ✓

3. NAME OF DECEASED (Type or Print) (First) ORLAND (Middle) L. (Last) INGREAM SR.

4. DATE OF DEATH (Month) NOV. (Day) 25 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	1/25/1882	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED BAGGAGE AGENT	RAILROAD	PENNSYLVANIA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ISSAC INGREAM	RACHEL OTT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	717-07-9359	Mrs MOLLIE INGREAM GREENCASTLE PENNA.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 11 months

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis (generalized) — years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 19 55, to Nov. 25, 19 55, that I last saw the deceased alive on November, 19 23, 55 and that death occurred at 5:50 M, from the causes and on the date stated above.

SIGNATURE Lloyd A. Hoffman M.D. — ADDRESS (Street, city, town, state) 214 N. Potomac, Hagerstown, Md. — DATE SIGNED 11-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11/27/55	CEDAR HILL CEM.	GREENCASTLE PENNA.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Nov. 26. 1955	Chas. H. Bowers	A. E. Minnich	Greencastle Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11319 CERTIFICATE OF DEATH

Reg. Dist. No. 11301 300

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sharpsburg
LENGTH OF STAY (in this place) 92 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Sharpsburg Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md. X
STREET ADDRESS (If rural give location) Sharpsburg Md. /

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) King

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 4 1863

9. AGE last birthday 92 yrs. IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Simons

14. MOTHER'S MAIDEN NAME: Margret Stanback

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Maggie Cook Chaplin St. Sharpsburg Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 Yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uterine Fibroids — 40 Yrs.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19..., to 11/7/55 19..., that I last saw the deceased alive on 11/6/55, 19..., and that death occurred at 2 A. M, from the causes and on the date stated above.

SIGNATURE W. H. Shaffer ADDRESS M. D. Sharpsburg, Md. DATE SIGNED 11/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 9-55 — NAME OF CEMETERY OR CREMATORY Tolson Cemetery — LOCATION (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 13, 1955 — REGISTRAR'S SIGNATURE E. G. Bayers

24. FUNERAL DIRECTOR Albert L. Leaf — ADDRESS Williamsport Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11302

Dr. Louis Graff

11283 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown

LENGTH OF STAY (in this place) 10 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Highfield, Md.

STREET ADDRESS (If rural give location) Highfield, Rural

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) J. (Last) KOEHLER

4. DATE OF DEATH (Month) Nov. (Day) 29, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 15, 1890	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Hosp Victor Cullen	Bocham Germany	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Koehler	Hathie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	--	[redacted]	Minnie U. Koehler

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
4.20.0 IMMEDIATE CAUSE	(A)	Cardiovascular Collapse	hrs.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 00??	DUE TO (B)	Arteriosclerotic heart dis	yrs.
	DUE TO (C)	Pulmonary Edema	hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Tuberculosis - chr	yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19, 19 55, to 11/29, 19 55, that I last saw the deceased alive on 11/29, 19 55, and that death occurred at 5.30 P.M, from the causes and on the date stated above.

SIGNATURE Louis S Graff M.D. **ADDRESS** (Street, city, town, state) 119 E Antietam St **DATE SIGNED** 11-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 1, 1955	Bethel Cemetery	Highfield, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Dec. 1. 1955	Chas. H. Rogers	Andrew K. Coffman, Hagerstown, Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11284

CERTIFICATE OF DEATH

11303

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 03 Hagerstown

LENGTH OF STAY (in this place): 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown 03

STREET ADDRESS (If rural give location): 334 North Mulberry St. 1

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) FLORENCE (Last) LOUDENSLAGER

4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	Feb. 5, 1885	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Thurmont, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Renner	Emma Wilhide

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO		None	Paul LeRoy Loudenslager

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 420.0 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — ? years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Adenocarcinoma of rectum (operation for) — 6-12 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1 Nov. 21, 1955	Adenocarcinoma of rectum with metastases of lymph nodes	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14/55, 19..., to 11/23, 1955, that I last saw the deceased alive on 11/23, 19 55, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

SIGNATURE: Richard V. Hoover M.D. — ADDRESS (Street, city, town, state): Hagerstown, Maryland — DATE SIGNED: November 24, 195

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-27-55	Rose Hill Cemetery	Hagerstown, Maryland

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Nov. 25, 1955	Chas. H. Bowers	Andrew K. Coffman	Hagerstown, Md.

11320

11304

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X Williamsport Rural
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N. Y. COUNTY Kings
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brooklyn 67X-3
STREET ADDRESS (If rural, give location) 154 Fifth Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lawrence	George	Mc Kinnon	Nov 2 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	April 28, 1955		6	4		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Brooklyn N. Y.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Malcolm Mc Kinnon	Ann Lelo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
9		Mrs. Ann Mc Kinnon Brooklyn N. Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to aspiration of Vomitus — 921.9

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Bronchitis ileus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
–	–	Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none	21c. (City or town) – (County) – 21 (State) –

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
none M.	1	--

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE L. Robert Wells M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Nov. 3-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-4-55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 4. 1955	Edgar H. Bowers	Scott F. Minnich & Son	Hag. Md.

VS. A15A - 5 - 53

9V45991 99V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11285

CERTIFICATE OF DEATH

11305

Reg. Dist. No. 382

Items 8,9,11,13,14,16: film C 189 12/ 1/55 L

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) ½ hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clear Spring
STREET ADDRESS (If rural give location) 15 Cumberland Street

3. NAME OF DECEASED: (First) SOUTHARD (Middle) (Last) McNEW

4. DATE OF DEATH: (Month) November (Day) 01 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April 21, 1881
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): engineer
10B. KIND OF BUSINESS OR INDUSTRY: railroad
11. BIRTHPLACE (State or foreign country): Virginia Penn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN Wesley McNew
14. MOTHER'S MAIDEN NAME: unknown Nancy Shemeloff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO. 719 14 4527
17. INFORMANT & ADDRESS: Rose I. McNew, ClearSpring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion, acute with myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Atherscleorosis of the coronary arteries — unknown
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardial infarction — 3 months

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1955, to Nov. 01, 1955, that I last saw the deceased alive on Nov. 01, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Charles Robert Cole M.D. ADDRESS MD Clear Spring, Maryland DATE SIGNED November 02, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 11-4-55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 3, 1955
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR & ADDRESS Scott F. Minnich, Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11306

11286 Dr Kneisley 302

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hageestown
LENGTH OF STAY (in this place) 18 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) Maryland Hotel 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) FREDERICK (Last) McPHERSON

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: July 23 1885

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman

10B. KIND OF BUSINESS OR INDUSTRY: Fairchild Air Craft

11. BIRTHPLACE (State or foreign country): Muddy Creek Forks Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel A.W. McPherson

14. MOTHER'S MAIDEN NAME: Margaret E Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Alex McPherson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 40 minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Artery Disease with Anginal Pectoris and Arteriosclerotic Heart Disease — 5 yr.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 2, 1951, to Nov. 25, 1955, that I last saw the deceased alive on Nov. 24, 1955, and that death occurred at 6:40 A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Hagerstown, Md. DATE SIGNED Nov. 28, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-28-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 26 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH

11321 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11307

Reg. Dist. No. 3-3

Items 8,9, Filed 12-8-55 et

1. PLACE OF DEATH: COUNTY Washington | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown rural | MARYLAND LENGTH OF STAY (in this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. #40 6mi W. of Hagerstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Franklin | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle 75 X 3 | STREET ADDRESS (If rural, give location) North Carlisle st.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Lloyd	Miller	Nov.	22	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	9/1/1892	63 64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Frt Conductor	Penna. Railroad	Franklin Co. Penna.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Miller	Leah Ryder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown	716-10-1466	Mrs. Hattie B. Miller, Greencastle, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured skull hemorrhage & shock	10 min
Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Hagerstown	Wash.,	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
11-22-55 6:25 p.m.		Pedestrian on highway, struck by auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Richard Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO., MD.	Hagerstown Md	Nov. 22 '55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/26/1955	Fairview Cemetery	Mercersburg, Franklin Co. Penna

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/25/55	Leroy M. Forbes 1st Deputy	Harold M. Zimmerman	Greencastle, Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11308

11322 CERTIFICATE OF DEATH

Reg. Dist. No. 3 D 16

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Smithsburg
LENGTH OF STAY (in this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
STREET ADDRESS (If rural give location) R. F. D. # 2

3. NAME OF DECEASED: (First) Russell (Middle) Talmer (Last) Miller

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 15, 1879
9. AGE last birthday 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10B. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Greensburg, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John P. Miller
14. MOTHER'S MAIDEN NAME: Susan R. Harbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: R. Lee Miller, Smithsburg, Md. R.D.2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) DUE TO Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arterio-Sclerosis — 10 yrs
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1955, to Nov 5, 1955, that I last saw the deceased alive on Nov 5, 1955, and that death occurred at 3A M, from the causes and on the date stated above.
SIGNATURE G. G. Kohler
ADDRESS M. D. Smithsburg
DATE SIGNED 11/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 8, 1955
NAME OF CEMETERY OR CREMATORY Smithsburg Lutheran
LOCATION (City, town, or county) (State) Smithsburg, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 7 55
REGISTRAR'S SIGNATURE Geo W Ferguson
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Smithsburg Md.

VS. A15 — 10 - 53

11309

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11287

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown; LENGTH OF STAY (in this place) 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03; STREET ADDRESS (If rural give location) 1140 The Terrace 1

3. NAME OF DECEASED: (First) ALLEN (Middle) HARTZLER (Last) MUMMA

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 17, 1878

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 6 Days 19 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Deputy Sherriff

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sharpsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Mumma

14. MOTHER'S MAIDEN NAME: Barbara A. Keedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Margaret Ann Mumma Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE — (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerosis — yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatic Obstruction

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19, 1955, to Nov. 6, 1955, that I last saw the deceased alive on Nov. 6, 1955, and that death occurred at 1:30 AM, from the causes and on the date stated above.

SIGNATURE Clyde A. Hoffman M. D. — ADDRESS 214 N. Potomac St. Hagerstown Md. — DATE SIGNED Nov. 8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/9/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 9. 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Syter & Sons — ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11310

11288

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03 1
STREET ADDRESS (If rural give location) 450 North Mulberry Street

3. NAME OF DECEASED: (First) Nellie (Middle) Welsh (Last) Munson
4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 17, 1882
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 4 Days 4 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Funkstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Welsh
14. MOTHER'S MAIDEN NAME: Antoinette Boward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Gerald Munson, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X IMMEDIATE CAUSE (A) Hypertensive arterio sclerotic

ANTECEDENT CAUSE (S) DUE TO (B) myocardial heart disease — 15 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) acute cerebral hemorrhage — 14 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1939 to Nov. 21, 1955 that I last saw the deceased alive on Nov. 21, 1955, and that death occurred at 7:05 P. M. from the causes and on the date stated above.

SIGNATURE AND TITLE OF M. D. J. Robert Mello M.D. ADDRESS Hagerstown, Md. DATE SIGNED Nov. 22 '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-25-1955
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 23 1955
REGISTRAR'S SIGNATURE Ethel H. Bowers
24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Br. Wells

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11311

11289

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 50 Summit Ave 1

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) CAREY (Last) PARRAN
4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12/11/1888
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10B. KIND OF BUSINESS OR INDUSTRY: Optemetery
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Theodore Alexander Parran
14. MOTHER'S MAIDEN NAME: Elizabeth Canton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. J.C. Parran 50 Summit Ave Hagerstown, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443 IMMEDIATE CAUSE	(A) Cerebro Vascular Accident	7 24 hr.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerotic Vascular Dis.	20 yr
	(C) DUE TO Hypertensive Cardio Vasc. Dis.	20 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1955, to 11/28, 1955, that I last saw the deceased alive on 11/25, 1955, and that death occurred at 9:50 M, from the causes and on the date stated above.

SIGNATURF Edward W. Dilts III M. D. ADDRESS 217 W. Washington St. DATE SIGNED 11/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 12/2/55
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11312

11290 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Garlock Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 665 Orchard Road

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) ORTON (Last) PETERS

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: April 19, 1867

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months 7 Days 17 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North East, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elah Peters

14. MOTHER'S MAIDEN NAME: Mary Belle Orton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. W. Royston Smith Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 332X (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arterio sclerosis — yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. no

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1952 to Nov. 6, 1955, that I last saw the deceased alive on Nov. 6, 1955, and that death occurred at 9 P. M, from the causes and on the date stated above.

SIGNATURE Chas. A. Hoffman M.D. ADDRESS 214 N. Potomac St. DATE SIGNED 11/7/55 Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/9/55 — NAME OF CEMETERY OR CREMATORY North East Cemetery — LOCATION (City, town, or county) (State) North East, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR Nov. 7 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11313

Reg. Dist. No. 302

Film 188 11-10-55 et

11291

CERTIFICATE OF DEATH

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 11 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Jackson Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY Adams (Franklin Co.)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro 75 x - 3
STREET ADDRESS (If rural give location) 615 South Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Gertrude (Last) Petrie

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Feb. 2, 1872

9. AGE Last birthday 83 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Downsville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Mull

14. MOTHER'S MAIDEN NAME: Elizabert Pennall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Edward Gingrich Waynesboro Pen

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42201

IMMEDIATE CAUSE (A) Uremia and arteriosclerosis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardio Vascular disease

DUE TO (C) with gen. arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: Unk

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1955, to 11/3, 1955, that I last saw the deceased alive on 10/31, 1955, and that death occurred at 10 a. M, from the causes and on the date stated above.

SIGNATURE AND M. D. [signature] ADDRESS 136 N. Potomac, Hagerstown, Md. DATE SIGNED 11/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 6, 1955 | NAME OF CEMETERY OR CREMATORY Green Hill Cemetery | LOCATION (City, town, or county) (State) Waynesboro Penna.

DATE REC'D BY LOCAL REGISTRAR Nov 4, 1955 | REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS Walter T. Grove Waynesboro, Penna.

11314

MARYLAND STATE DEPARTMENT OF HEALTH

11323 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
LENGTH OF STAY (in this place): 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Enroute to Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cavetown,
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Melvin (Last) Phetteplace
4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	Feb.11,1910	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inspector	Foundry	Cavetown	USA

13. FATHER'S NAME: John Phetteplace
14. MOTHER'S MAIDEN NAME: Lelia Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	218-05-4773	Lelia Phetteplace, Cavetown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Multiple fracture ribs- Haematorax (Shock)	15 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	fracture femur	
(c)	open fracture rt, ankle joint region	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	-	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	R.R. Crossing	Smithsburg	Washington	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Nov.21'55 11:45AM		Auto - train accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Mellott Jr. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS: 115 N. Potomac St- Hagerstown, Md. DATE SIGNED: 11-22-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/23/1955	Smithsburg Cemetery	Smithsburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov. 23, 1955	Chas. H. Bowers	Scott. F. Minnich & Son, Hagerstown, Md. Smithsburg

VS. A15A

Minnick

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11315

11292 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place) Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 701 1/2 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) Wayne (Last) Reeder

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 5, 1955

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 3 Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ralph W. Reeder

14. MOTHER'S MAIDEN NAME: Martha Burger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: R.W. Reeder 701 1/2 W. Washington St Hagerstown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5
Immediate cause (a) Atelectasis — Interval Between Onset And Death: 3 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Immaturity
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1955, to Nov. 5, 1955, that I last saw the deceased alive on Nov. 5, 1955, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. W. Doub Jr. M.D. Hagerstown, Md. 11/5/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/7/55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) Hagerstown | (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 1, 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown, Md.

VS. A15

21X5251281

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11316

11293 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 701 1/2 W. Washington St. 1

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Warren (Last) Reeder
4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Nov 5, 1955				8	

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	U.S.

13. FATHER'S NAME: Ralph W. Reeder
14. MOTHER'S MAIDEN NAME: Martha Burger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	R. W. Reeder Hagerstown, Md. 701 1/2 W. Washington St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 Immediate cause (a) Atelectasis — Interval Between Onset And Death: 8 hrs.

DUE TO (b) Immaturity

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1955, to Nov. 5, 1955, that I last saw the deceased alive on Nov 5, 1955, and that death occurred at 2 40 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. W. Doub Jr.	M.D.	Hagerstown, Md.	11/7/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/7/55	Rest Haven Cemetery	Hagerstown	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 7, 1955	Chas. H. Bowers	Rest Haven Funeral Chapel Inc.	Hagerstown, Md.

21X5252281

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11294

CERTIFICATE OF DEATH

11317

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY: WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN 03

LENGTH OF STAY (In this place): 42 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: MARYLAND COUNTY: WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN 03

STREET ADDRESS (If rural give location): 267 S. POTOMAC ST.

3. NAME OF DECEASED (Type or Print): (First) NANNIE (Middle) LEA (Last) REEL

4. DATE OF DEATH: (Month) NOV. (Day) 30 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
FEMALE	WHITE	WIDOWED	9/30/1877	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS H. BRASHEARS	SARAH L. PEARMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	NONE	MR. ROSCOE REEL HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4209 IMMEDIATE CAUSE (A)	Cerebral Hemorrhage	7 days
ANTECEDENT CAUSE(S) DUE TO (B)	Compound Fracture	11 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) 2602	arthris - Chronic Heart disease	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1955, to Nov 30, 1955, that I last saw the deceased alive on Nov 30, 1955, and that death occurred at 9:32 P.M., from the causes and on the date stated above.

SIGNATURE: Sidney Nowster M.D. ADDRESS (Street, city, town, state): Hagerstown Md. DATE SIGNED: 12-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12/3/55	REST HAVEN CEM.	HAGERSTOWN, MD.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Dec 2, 1955	Chas. H. Bowers	W. J. Normeit, Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11318

11295 CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) Kuhn Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Lee (Last) Renner

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Mar. 15, 1908

9. AGE last birthday 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser

10B. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Wayne County W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Basil B. Ball

14. MOTHER'S MAIDEN NAME: Mazalla Tabler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Joesph Renner Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Pulmonary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 Day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1/55, 19..., to 11/2/55, 19..., that I last saw the deceased alive on 11/2/55, 19..., and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE L. F. Young M.D. ADDRESS Williamsport Md. DATE SIGNED 11/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 5, 1955 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 4 1955 — REGISTRAR'S SIGNATURE Blanche Boerner

24. FUNERAL DIRECTOR Scott F. Minnich & Son Hag. Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11319

CERTIFICATE OF DEATH

11296

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
LENGTH OF STAY (in this place) ONE WEEK
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAVETOWN PIKE - RURAL X
STREET ADDRESS (If rural give location) HAGERSTOWN MD. R.1

3. NAME OF DECEASED: (Type or Print) (First) RENO (Middle) CALVERT (Last) RICE

4. DATE OF DEATH: (Month) NOVEMBER (Day) 24 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JULY 20 1889
9. AGE last birthday: 66 - 4 - 4 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUILDING CONTRACTOR
10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (State or foreign country): WOLFSVILLE FRED. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MAHLON RICE
14. MOTHER'S MAIDEN NAME: ANNA GROVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. 217-32-5310
17. INFORMANT & ADDRESS: MRS. AMY B. RICE HAGE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X
IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

260X (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — Duration - less than 1 year

19A. DATE OF OPERATION: 0 None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Nov, 1955, to 24 Nov, 1955, that I last saw the deceased alive on 24 Nov, 1955, and that death occurred at 4 30 P M, from the causes and on the date stated above.

SIGNATURE F F Lusby M. D. ADDRESS 230 W Potomac DATE SIGNED 25 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: NOV. 26-1955
NAME OF CEMETERY OR CREMATORY: REST HAVEN CEMETERY
LOCATION (City, town, or county) (State): HAGERSTOWN MD.

DATE REC'D BY LOCAL REGISTRAR: NOV. 25, 1955
REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR: WM. F. BAST AND SONS
ADDRESS: BOONSBORO MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

DR. LUSBY 230 POTOMAC ST. HAGERSTOWN MD.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11324 CERTIFICATE OF DEATH

11320

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chewsville

LENGTH OF STAY (In this place): 1 Hr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chewsville

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Williamsport RFD

STREET ADDRESS (If rural give location): Reynolds Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
DONALD	JOSEPH	RINEHART	Nov 15 1955 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	March 21 1905	50 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Motor Court Operator	Retired	Chewsville Dist Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Rinehart	Leona Wolfe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	———	214-09-6061	Mrs Delva Rinehart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Acute Cardiac Dilatation	10 min.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Left Ventricular Cardiac Strain	8 months
	DUE TO (C)	Chronic myocarditis	unknown

422.2

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct. 10 55, to Nov. 15 55, that I last saw the deceased alive on October 28 1955, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE: Charlie Robertson M.D.

ADDRESS (Street, city, town, state): Clear Spring, Maryland

DATE SIGNED: Nov. 16, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/17/55	Smithsburg Cemetery	Smithsburg Wash. Co. Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Nov. 18. 1955	Chas H Beevers	Andrew K. Coffman Hagerstown Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11297

CERTIFICATE OF DEATH

11321

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 03 Hagerstown

LENGTH OF STAY (in this place): 6 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 94 Wash. County Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown 03

STREET ADDRESS (If rural give location): 134 West Washington St. 1

3. NAME OF DECEASED (Type or Print): (First) BESS (Middle) MARIA (Last) ROUSKULP

4. DATE OF DEATH (Month) (Day) (Year): Nov 30 1955 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Single	June 13 1874	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own Home	Hagerstown Md.	USA

13. FATHER'S NAME: Samuel E. Rouskulp

14. MOTHER'S MAIDEN NAME: Sarah Helen Brill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	———	Unable to locate	Mrs William Murray

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A): ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE(S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: SENILITY — UNKNOWN

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 1, 1953, to NOV. 30, 1955, that I last saw the deceased alive on NOV. 29, 1955, and that death occurred at 4.45 AM from the causes and on the date stated above.

SIGNATURE Luckie Robert Cohen M.D. — **ADDRESS** (Street, city, town, state) CLEAR SPRING, MARYLAND — **DATE SIGNED** NOV. 30, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-2-55	Rose Hill Cemetery	Hagerstown Wash. Co Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Dec. 2. 1955	C. Stuart Bowers	Andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11298

CERTIFICATE OF DEATH

11322

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
LENGTH OF STAY (in this place) 20 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03 1
STREET ADDRESS (If rural give location) HAMILTON HOTEL

3. NAME OF DECEASED: (Type or Print) (First) ALMEDA (Middle) (Last) SANDERS

4. DATE OF DEATH: (Month) NOVEMBER (Day) 11 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (WIDOWED circled)

8. DATE OF BIRTH: 7/14/1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: RETIRED SEAMSTRESS

10b. KIND OF BUSINESS OR INDUSTRY: DEPT. STORE

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM S. DeHART

14. MOTHER'S MAIDEN NAME: SARAH A. COX

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO 3 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-20-3573

17. INFORMANT & ADDRESS: MR. JACK WEAVER HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 420.1	(a) Coronary thrombosis	3 wks
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertension	?
DUE TO		
	(c) Arteriosclerosis	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19 55, to Nov 11 19 55, that I last saw the deceased alive on Nov 11 19 55, and that death occurred at 6:15 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Edmund Overholtzer ADDRESS Hagerstown DATE SIGNED 11/12/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/14/55	Kensico Cemetery	Westchester Co. N.Y.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 12 1955	Chas. H. Bowers	W. T. Norment	Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11323

11299 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 729 Salem Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 729 Salem Ave., 1

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) Irene (Last) Seibert

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Oct. 25, 1889
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Clear Spring District
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles F. Shenebeck
14. MOTHER'S MAIDEN NAME: Anna M Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Max Seibert Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X
IMMEDIATE CAUSE (A) acute cerebral hemorrhage
ANTECEDENT CAUSE (S) DUE TO Diabetes M.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Family physician out of town 19 to 19 that I last saw the deceased alive on ....., 19....., and that death occurred at 4.20 P.M., from the causes and on the date stated above.

SIGNATURE Robert Wells M.D. (DEPUTY MEDICAL EXAMINER WASH. CO., MD.) M.D.
ADDRESS 115 N. Potomac St-Hagerstown Md.
DATE SIGNED 11-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 11-17-55
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov 15, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss
ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11324

~~11325~~

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rueal Hagerstown; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Smithsburg X; STREET ADDRESS (If rural give location) Smithsburg Route 2

3. NAME OF DECEASED: (First) Ethel (Middle) Flora (Last) Shank

4. DATE OF DEATH: (Month) Naov. (Day) 30 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Sept. 7, 1886

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Near Myersville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Leiter

14. MOTHER'S MAIDEN NAME: Minnie Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ---

17. INFORMANT & ADDRESS: Mrs. Estella Stains Paramount Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis & Hypertensive Heart Disease — several years

DUE TO (C) Hypertension — several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 13th, 1954, to Nov. 30, 1955, that I last saw the deceased alive on Nov. 18, 1955, and that death occurred at 9.45 A.M. from the causes and on the date stated above.

SIGNATURE Thos. J. Coleman M. D. ADDRESS Hagerstown Md. DATE SIGNED 11/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-2-55 — NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery — LOCATION (City, town, or county) (State) Smithsburg Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 1 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11325

Dr. Ditto 11326

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X NW Hagerstown
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Homewood Church Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R.F.D. X
STREET ADDRESS (If rural give location) Hagerstown R.F.D. 1

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) A. (Last) SHEELY

4. DATE OF DEATH: (Month) Nov. (Day) 10, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: Nov. 10, 1868

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Gettysburg, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses C. Benner

14. MOTHER'S MAIDEN NAME: Lydna F. Shaeffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Homewood Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Chr Myocarditis DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Senile atrophy DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1955, to 11-10, 1955, that I last saw the deceased alive on 11-3-, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE A. W Ditto ADDRESS M.D. Hagerstown Md DATE SIGNED 11-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-12-55

NAME OF CEMETERY OR CREMATORY Christ Church Cemetery

LOCATION (City, town, or county) (State) Littlestown, Penna.

DATE REC'D BY LOCAL REGISTRAR NOV. 11. 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11326

11300 CERTIFICATE OF DEATH Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg
STREET ADDRESS (If rural give location) S. Main

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Milton (Last) Shimer

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Apr. 12, 1868

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister

10B. KIND OF BUSINESS OR INDUSTRY: Religion

11. BIRTHPLACE (State or foreign country): Fulton Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Nixon Shimer

14. MOTHER'S MAIDEN NAME: Anna Mary Brahm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ------

17. INFORMANT & ADDRESS: Bernard Gress Mc Connellsburg Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 mts.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C) Arteriosclerosis — 15 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1955, to Nov 6, 1955, that I last saw the deceased alive on Nov 4, 1955, and that death occurred at 8:45 A M, from the causes and on the date stated above.

SIGNATURE G. C. Kohler M. D. ADDRESS Smithsburg DATE SIGNED 11/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-8-55 — NAME OF CEMETERY OR CREMATORY Union Cemetery — LOCATION (City, town, or county) (State) Mc Connellsburg Penn.

DATE REC'D BY LOCAL REGISTRAR Nov. 7, 1955 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11301

CERTIFICATE OF DEATH

Reg. Dist. No. 11327 382

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Hagerstown
LENGTH OF STAY (in this place) 2½ weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 534 W. Franklin St., 1

3. NAME OF DECEASED: (First) Nettie (Middle) A (Last) Shirey
4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: April 23, 1886
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Antrim, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Cole
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 217-32-5118
17. INFORMANT & ADDRESS: Linwood Row Hagerstown, Md.

B

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X
IMMEDIATE CAUSE (A) Hypertensive & Rheumatic Heart Disease — Unknown

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriolar nephrosclerosis — ? 2 mo.

DUE TO (C) Diverticulosis of colon — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3, 1955, to 11-14, 1955, that I last saw the deceased alive on 11-14, 1955, and that death occurred at 1.15 P. M, from the causes and on the date stated above.

SIGNATURE John H Stonebaker M D
M. D. ADDRESS 154 W. Washington St Hagerstown, Md
DATE SIGNED 11-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-17-55
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 15, 1955
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss
ADDRESS Hagerstown, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11328

11302

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Smithsburg
STREET ADDRESS (If rural give location) Smithsburg Rt. 2

3. NAME OF DECEASED: (Type or Print) (First) Clifford (Middle) Boyd (Last) Smith

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: October 16, 1908

9. AGE last birthday 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never retired) Tool and Die maker

10B. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cyrus Smith

14. MOTHER'S MAIDEN NAME: Sarah E. Kendall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ------

17. INFORMANT & ADDRESS: Mrs. Eloise P. Smith Smithsburg Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Acute myocardial infarction — 19 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerotic heart disease
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1955, to Nov 25, 1955, that I last saw the deceased alive on Nov 25, 1955, and that death occurred at 4 P. M. from the causes and on the date stated above.

SIGNATURE R. L. Stauffer M. D. ADDRESS Hagerstown Md DATE SIGNED Nov. 26 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-28-55
NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery
LOCATION (City, town, or county) (State) Smithsburg Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 27, 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Smithsburg Md.

11303

11329

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hostpial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 236 E. Irvin Ave.

3. NAME OF DECEASED: (First) William (Middle) Hamilton (Last) Smith, Jr.
4. DATE OF DEATH (Month) Nov. (Day) 7 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	March 25, 1883	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
physician	medical	Washington, D.C.	

13. FATHER'S NAME: W. Hamilton Smith, Sr.
14. MOTHER'S MAIDEN NAME: Florence Hodkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
yes	WWI	no	W. Hamilton Smith, III, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

870.0

Immediate cause (a) Morphine narcosis — INTERVAL BETWEEN ONSET AND DEATH: 33-34 hrs.

DUE TO (self administered over dosage, accidentally, for angina)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Lobular pneumonia

DUE TO advanced generalized vascular arterio- sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
--	-	Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY at home	21c. (City or town) Hagerstown	(County) Washington	(State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
Nov. 5'55 12;20 AM		self administered over dosage morphinee

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. Robert Mellor, M.D.

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-8-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	-11-9-55	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 9. 1955	Chas. H. Bowers	Scott F. Minnich & Son,	Hagerstown

11304

11330 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 Alexander St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 126 Alexander St.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) CLEVELAND (Last) SNOOK

4. DATE OF DEATH (Month) Nov (Day) 22 (Year) 1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 17 1885

9. AGE last birthday: 70 yrs.

IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Yard Horse Man W.M.R.R. Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick County Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaiah Snook

14. MOTHER'S MAIDEN NAME: Ellen Mort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: 705-10-5187

17. INFORMANT & ADDRESS: Mrs Julia V. Snook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE J. Robert Wells M.D.

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11.22.55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/25/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG. Nov. 23. 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

Coffman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11305 CERTIFICATE OF DEATH

11331

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 HAGERSTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY Fred. WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ZITTLESTOWN - RURAL 11X-2
STREET ADDRESS (If rural give location) MIDDLETOWN MD. R.1

3. NAME OF DECEASED: (First) (Middle) (Last) SOUDERS

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: NOV. 18 - 1955

9. AGE last birthday: ____ yrs. IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours 2 HRS Min. ____

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): HAGERSTOWN WASH. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM SOUDERS

14. MOTHER'S MAIDEN NAME: JOYCE WARRENFELTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: WILLIAM SOUDERS MIDDLETOWN MD. R.1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 759.0 (a) Prematurity.

DUE TO (b) Hypoplasia of Lungs Bilaterally

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)

Interval Between Onset And Death: 2 hours

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17, 1955, to 11/18, 1955, that I last saw the deceased alive on 11/17, 1955, and that death occurred at 12:04 PM from the causes and on the date stated above.

SIGNATURE D. J. Boyer (Degree or title) M.D. ADDRESS 135 N. Potomac St. DATE SIGNED 11/18/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF NOV. 19 1955 — NAME OF CEMETERY OR CREMATORY MT. LENA CEMETERY — LOCATION (City, town, or county) (State) MT. LENA WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR NOV. 18 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Wm F. BAST AND SONS — ADDRESS BOONSBORO MD

20X5191443

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11332

11306 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Garlock Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: Pennsylvania Franklin
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chambersburg 75 x-3
STREET ADDRESS (If rural give location) 434 Broad Street

3. NAME OF DECEASED: (First) Ida (Middle) May (Last) Stambaugh
4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: July 31 1869
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months 3 Days 13 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Lovett
14. MOTHER'S MAIDEN NAME: Amanda Enfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: John M. Stambaugh, Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
IMMEDIATE CAUSE (A) Cardio Vascular Renal
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized sclerosis 5 yr
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 19[55], to 11-13, 1955, that I last saw the deceased alive on 11-13, 1955, and that death occurred at 2 11 M, from the causes and on the date stated above.
SIGNATURE A. W. Detty M.D. ADDRESS Hagerstown, Md. DATE SIGNED 11/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 11-16-1955
NAME OF CEMETERY OR CREMATORY Norland Cemetery
LOCATION (City, town, or county) (State) Chambersburg, Pa.

DATE REC'D BY LOCAL REGISTRAR NOV 15 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Barber Funeral Home, Chambersburg, Pa.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

E.N. Bartley, Jr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11333

11307 **CERTIFICATE OF DEATH**

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown, Md.
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 40 N. Cannon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 40 N. Cannon Ave.

3. NAME OF DECEASED: (Type or Print) (First) Reuby (Middle) May (Last) Stull

4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: July 2, 1869
9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Rocky Ridge, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H.B. Ogle
14. MOTHER'S MAIDEN NAME: Laura Catherine Mathias

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Ruth Barrick--40 N. Cannon Ave.

18. MEDICAL CERTIFICATION Hagerstown, Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart disease — 1 year
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1955, to Nov 3, 1955, that I last saw the deceased alive on Nov 2, 1955, and that death occurred at 1 19/A M, from the causes and on the date stated above.
SIGNATURE Paul Harrison M.D. ADDRESS 318 N. Potomac Hagerstown Md DATE SIGNED 11/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/6/55
NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
LOCATION (City, town, or county) (State) Woodsboro, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 4 1955
REGISTRAR'S SIGNATURE Chas. H. Towers
24. FUNERAL DIRECTOR ADDRESS M.L. Creager and Son-Thurmont, Md.

11308 11334

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 134 E. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Alva (Last) Swiger

4. DATE OF DEATH (Month) Nov. (Day) 5 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	March 29, 1895	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
laborer	aircraft factory	West Union, W. Va.	

13. FATHER'S NAME: William Swiger

14. MOTHER'S MAIDEN NAME: Deliah Bates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
yes	WW I	232-10-5325	Mrs. Mary E. Swiger, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Acute coronary occlusion	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO arterio sclerotic coronary heart disease	5yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: bronchial asthma

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
-		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE S. Robert Melly M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-7-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	11-8-55	Lorraine Park Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
NOV. 7. 1955	Thad H. Bowers	Scott F. Minnich & Son, Hagerstown

VS. A15A - 5 - 53

Corrected
Nov. 27 '55
S. Robert Wells M.D.
D M E Wash. Co. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11335

11327

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Funkstown
LENGTH OF STAY (in this place) 17 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Nalleys Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 543 N. Mulberry 03 1 ✓

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Vinton (Last) Trovinger
4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 6, 1862	93 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill Owner	Flour Mill	Near Chewsville Md.	

13. FATHER'S NAME: Joseph Trovinger
14. MOTHER'S MAIDEN NAME: Susan Eakle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
# No		-------	Mrs. Bessie E. Itneyer Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 903.7	(A) Broncho-Pneumonia	5 days.
ANTECEDENT CAUSE (S)	DUE TO (B) Fractured-Hip	16 days.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Chronic Bronchiectasis & Arteriosclerotic Heart Disease	Indef. (Years)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
0		

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town)	(County)	(State)
	Nursing Home	Funkstown 21	Wash.	Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While at work ☐ Not while at work ☒	21F. HOW DID INJURY OCCUR?
11 — 10-55 P M.		Fell while walking in Room

22. I hereby certify that I attended the deceased from Nov 21, 1955, to Nov. 26, 1955, that I last saw the deceased alive on Nov 21, 1955, and that death occurred at 9:50 A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 148 W. Washington St Hagerstown Md. DATE SIGNED 11-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-29-55	Rose Hill Cemetery	Hagerstown	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 27, 1955	Chas. H. Bowers	Scott F. Minnich & Son	Hag. Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11336

11328 CERTIFICATE OF DEATH Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X SAN MAR
LENGTH OF STAY (in this place) 10 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 FAHRNEY-KEEDY MEMORIAL HOME.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEW WINDSOR
STREET ADDRESS (If rural give location) 06X-2

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) JANE (Last) VAN DYKE

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER-27-1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: APRIL-1-1863
9. AGE last birthday: 92-7-26 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SCHOOL TEACHER - PUBLIC SCHOOL
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MAITLAND PENNA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM HOWE
14. MOTHER'S MAIDEN NAME: SARAH MOHLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: ROLAND L. HOWE 3609-N-21ST ST. PHILADELPHIA 40. PA.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332X IMMEDIATE CAUSE	(A) Generalized arterio-sclerosis	10 yrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Cerebral Thrombosis	1 wk
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to Nov 27, 1955, that I last saw the deceased alive on Nov 26, 1955, and that death occurred at 7 P. M, from the causes and on the date stated above.
SIGNATURE G. W. Leban M. D. ADDRESS Boonsboro, DATE SIGNED 11/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF NOV. 29. 1955
NAME OF CEMETERY OR CREMATORY DRY VALLEY CEMETERY
LOCATION (City, town, or county) (State) NEAR LEWISTOWN PENNA.

DATE REC'D BY LOCAL REGISTRAR Nov. 29. 1955
REGISTRAR'S SIGNATURE John H. Bast.
24. FUNERAL DIRECTOR WM. E. BAST AND SONS ADDRESS BOONSBORO MD

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

DR. LE VAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11337

11329 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X HAGERSTOWN RT4
LENGTH OF STAY (in this place) 5½ YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 WASHINGTON COUNTY HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN RT 4 X
STREET ADDRESS (If rural give location) NEAR CLEARFOSS 1

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) THEODORE (Last) WASSON

4. DATE OF DEATH: (Month) NOV. (Day) 14 (Year) 1955

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED | 8. DATE OF BIRTH: AUG. 9, 1869 | 9. AGE last birthday 86 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER
10B. KIND OF BUSINESS OR INDUSTRY: BUTCHER
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Charles Wasson Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) CORONARY OCCLUSION, ACUTE WITH MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NONE

19A. DATE OF OPERATION: 0 NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 18, 1951, to NOV. 14, 1955, that I last saw the deceased alive on NOV. 7, 1955 and that death occurred at 5-30 A M, from the causes and on the date stated above.

SIGNATURE Charlie Robert Cole M.D. ADDRESS CLEAR SPRING, MD. DATE SIGNED NOV. 14, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF NOV. 16, 1955 | NAME OF CEMETERY OR CREMATORY BROADFORDING | LOCATION (City, town, or county) HAGERSTOWN (State) WASH. MD.

DATE REC'D BY LOCAL REGISTRAR NOV. 15, 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers | 24. FUNERAL DIRECTOR FRED W. KRAISS ADDRESS HAGERSTOWN, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11309 CERTIFICATE OF DEATH

Reg. Dist. No. 11388 384

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 03 Hagerstown Md
LENGTH OF STAY (in this place) 22 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hopsital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hancock X
STREET ADDRESS (If rural give location) Rural Hancock Md. 1

3. NAME OF DECEASED: (First) (Middle) (Last) Infant Weller
4. DATE OF DEATH: (Month) 11. (Day) 18 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Infant	11.17.55	yrs.			22	

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Maryland Washington	U.S.A.

13. FATHER'S NAME: Melvin H Weller
14. MOTHER'S MAIDEN NAME: Margaret Hengley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Melvin H Weller Rural 2 Hancock Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
773.0 Immediate cause	(a) Retro Peritoneal Hemorrhage	12 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Probably Hemorrhagic Hepatitis	
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17 1955, to Nov. 18, 1955, that I last saw the deceased alive on Nov. 18, 1955, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David R Brewer	M.D.	Clear Spring Md.	11/19/55

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11.19.55	Orchard Ridge Cemetery	Hancock Washington Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-23-55	J H Weller	Howard Fulton	Hancock Md

20X52344-35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 18 Film 189 11-29-55

11330 CERTIFICATE OF DEATH

Reg. Dist. No. 11339-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural 2 Hancock Md
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural 2 Hancock Maryland.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Bessie	Viola	Weller	11.	12.	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	July 31.1884	71 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Washington County Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Hoke	Mollie Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Benjamin R Weller R.F.D.2 Hancock Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause: 416 X	(a) Cerebral Hemorrhage	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Rheumatic Fever, not active	
	DUE TO (c) Rheumatic Heart Disease	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 8, 1955, to Nov 12, 1955, that I last saw the deceased alive on Nov 8, 1955 and that death occurred at 6.30 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R M Shaffer	M D	Hancock Md	11/14/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11.16.55	Orchard Ridge Cemetery	Hancock Washington Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 14, 1955	J. A. Weller	Howard J. Shoe	Hancock md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11340

11331 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Died inroute to Hospital
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock R.F.D.2
STREET ADDRESS (If rural, give location): X / 1

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane (Last) Weller

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: Aug. 10. 1954

9. AGE last birthday: 1 yrs. — If under 1 year: Months 3, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): War Memorial Hospital W.VA.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Luther A Weller

14. MOTHER'S MAIDEN NAME: Mary E Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Luther A Weller Rural 2 Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

057.1

Immediate cause (a) Waterhouse Friderichsen syndrome — 8 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - (CITY OR TOWN): - (COUNTY): - (STATE): -

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?: --

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: S. Richard Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS: 115 N. Potomac St- Hagerstown, Md. DATE SIGNED: 11-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11.17.55 — NAME OF CEMETERY OR CREMATORY: Orchard Ridge Cemetery — LOCATION (City, town, or county) (State): Hancock Washington Md.

DATE REC'D BY LOCAL REG.: 11/19 — REGISTRAR'S SIGNATURE: J.H. Weller

24. FUNERAL DIRECTOR: Howard J. Hose — ADDRESS: Hancock Md

VS. A15A

11310

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11341

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 302

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown, Md. 03

LENGTH OF STAY (in this place) 50 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp. 81

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown, Maryland 03

STREET ADDRESS (If rural, give location) 146 N. Jonathan Street 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wayne	(no)	Whiten	11-	26	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Single	7-4-1884	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Shine shoe	Barber Shops	Chamberburg Pa.	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Whiten	Laura Cookey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs Margie Keets 60 W. Bethel St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
4.22.1 Immediate cause	(a) Cardio Vascular Disease	3 yrs
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Dr. E.W. Otto M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 11/29/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-30-1955	Rose Hill Cemetery	Hagerstown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 30, 1955	Chas. F. Bowers	John R Watson Jr	Hagerstown Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. R. A. BELL
119 N. POTOMAC ST.
HAGERSTOWN, MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11342

11311 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
LENGTH OF STAY (in this place) 16 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 438 LIBERTY ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
STREET ADDRESS (If rural give location) 438 LIBERTY ST.

3. NAME OF DECEASED: (Type or Print) (First) VIOLA (Middle) VIRGINIA (Last) WILKINSON

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER 13 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MARCH 11 1908
9. AGE last birthday: 47 8 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): ZITTLESTOWN WASH. Co. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH C. HUTZELL
14. MOTHER'S MAIDEN NAME: EFFIE MOSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-22-1910
17. INFORMANT & ADDRESS: CARL W. WILKINSON 438 LIBERTY St. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
170X
IMMEDIATE CAUSE (A) Carcinomatosis, primary in left
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) breast,
DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: Since April 20, 1953,

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: Apr. 20, 1953
19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of breast.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 20, 1953, to Nov. 13, 1955, that I last saw the deceased alive on Nov. 13, 1955, and that death occurred at 1:30 P.M, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Hagerstown, Md. DATE SIGNED Nov. 15, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: NOV. 16. 1955
NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY
LOCATION (City, town, or county) (State): BOONSBORO WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR: NOV. 15, 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: WM. F. BAST AND SONS
ADDRESS: BOONSBORO MD

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11312

11343 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown 03
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 711 Forest St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural, give location) 711 Forest St. 1

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) VIRGINIA (Last) WILSON

4. DATE OF DEATH (Month) Nov. (Day) 9, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 19, 1880

9. AGE Last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Wilson

14. MOTHER'S MAIDEN NAME: Virginia Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Charles M. Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 360X Acute pulmonary artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Diabetes M

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fractured femur - 1953

19a. DATE OF OPERATION: -

19b. MAJOR FINDING OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none

21c. (City or town) - (County) - (State) -

21d. TIME OF INJURY (Month) (Day) none (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? --

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE & Miller & Wells M.D.

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-11-55

NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery

LOCATION (City, town, or county) (State) nr. Inwood, W. Va.

DATE REC'D BY LOCAL REG. Nov. 9. 1955

REGISTRAR'S SIGNATURE & Hash. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman-Hagerstown, Md. ADDRESS

11344

MARYLAND — **STATE DEPARTMETT OF HEALTH**

11332 CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Smithsburg - Rural — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Smithsburg Md. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg - Rural. X
STREET ADDRESS (If rural, give location) Smithsburg Md. R.2.

3. NAME OF DECEASED (Type or Print): (First) Shirdie (Middle) Elizabeth (Last) Winters

4. DATE OF DEATH: (Month) Nov. (Day) . (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 19. 1877

9. AGE last birthday: 77-10-12 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Smithsburg Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Hoovedel

14. MOTHER'S MAIDEN NAME: Anna Catherine Young.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Mrs. Robert Winders Smithsburg Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Insufficiency — Interval between onset and death: 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1 ..., 1954, to 11/1 ..., 1955, that I last saw the deceased alive on 11/1 ..., 1955, and that death occurred at 7:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles Fr. Hess M.D. — ADDRESS: Smithsburg, Md. — DATE SIGNED: 11/2/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov. 4. 1955 — NAME OF CEMETERY OR CREMATORY: Cavetown Reformed Cemetery — LOCATION (City, town, or county) (State): Cavetown Washington Co. Md.

DATE REC'D BY LOCAL REG. 11/3/55 — REGISTRAR'S SIGNATURE: Geo. H. Ferguson — 24. FUNERAL DIRECTOR: Wm. J. Bartt Sons — ADDRESS: Boonsboro Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11345

11333 CERTIFICATE OF DEATH Reg. Dist. No. 301

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 52

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Williamsport Sanitarium 154 N. Artizan St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 55 East Avenue 03
STREET ADDRESS (If rural give location) Hagerstown, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) E (Last) Wolfensberger

4. DATE OF DEATH: (Month) NOV. (Day) 25 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 16, 1868

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Leitersburg Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Gilbert

14. MOTHER'S MAIDEN NAME: Mary Strite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.0	(A) Pulmonary Embolus,	minutes
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Arteriosclerotic Heart Disease	4 yrs.
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. no

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 5, 1950 to NOV. 25, 1955 that I last saw the deceased alive on NOV. 20, 1955, and that death occurred at 6:45 A M, from the causes and on the date stated above.

SIGNATURE Lloyd A. Hoffman M. D. ADDRESS 214 N. Potomac St Hagerstown Md. DATE SIGNED 11/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 11/27/55 | NAME OF CEMETERY OR CREMATORY GREEN HILL CEMETERY | LOCATION (City, town, or county) WAYNESBORO, (State) FRANKLIN PENNA.

DATE REC'D BY LOCAL REGISTRAR NOV. 26, 1955 | REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR C. M. SUTER AND SONS ADDRESS HAGERSTOWN, MD